

Reasonable Accommodation Information Reporting Form

Name of Individual Requesting Accommodation: _____

Agency and Office of the Requesting Individual: _____

(1) Reasonable Accommodation (check one)

_____ Approved - Name & Title of Deciding Official: _____

Denied (attach form AD-1165 "DENIAL OF REASONABLE
ACCOMMODATION REQUEST")

(2) Date accommodation requested and date referred, if applicable: _____

(3) Name & position of individual to whom request was made: _____

(4) Date accommodation approved or denied: _____

(5) Date accommodation provided: _____

(6) If time frames outlined in the Reasonable Accommodation Procedures were not met,
please explain why:

(7) Job held or desired by individual requesting accommodation (include occupational
series, grade level and office):

(8) Accommodation required for:

_____ application process

_____ performing job functions or accessing work environment

_____ accessing a benefit or privilege of employment (e.g., attending training, social
event)

(9) Type(s) of accommodation requested:

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(10) Type(s) of accommodation provided:

(11) Was medical information required to process this request? If yes, explain why:

(12) Cost, if any, of accommodation:

(13) Sources of technical assistance, if any, consulted (Job Accommodation Network, family member, rehabilitation counselor, other)

DEPM Name Signature

Date